SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER 2-1- AMENDMENT AFTER 1st AMENDMENT AS FILED IND. DEP. IND. IND. IND. DEP. IND. DEP. IND DEP. 10. <u>13</u> :3 !4 :5 :7 !8 :9 :9 ō (AL TOBAL -AL TOTAL AL NAL REPORTMENT OF THE MOS MAY BE LIED FOR ADDITIONAL GLAIMS OR AMENDMENTS

BEST AVAILABLE CUPY